

FILED JUN 27 2022 PM 3:27 USDCALS

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ALABAMA

Joe Nathan James Jr.
Plaintiff(s)/Petitioner(s)

vs. Terry Raybon (Official Capacity) CIVIL ACTION NO. 22-cv-263-TFM-N

John Hamm (Official Capacity) (To be supplied by Clerk of Court)

Julia Jordan Weller (Official Capacity)

Steve Marshall (Official capacity)

Defendant(s)/Respondent(s) Earl Marsh, Jr. (Official capacity)

Sheriff of Jefferson County (Official capacity)

MOTION TO PROCEED WITHOUT PREPAYMENT OF FEES

I, Joe Nathan James Jr., a United States citizen, make this Motion to Proceed Without Prepayment of Fees pursuant to Title 28 U.S.C. § 1915 in order to proceed *in forma pauperis* in this action. I am unable to make prepayment of fees or to give security therefor, and it is my belief that I am entitled to redress. I have not divested myself of any property, monies or any items of value for the purpose of avoiding payment of said fees.

I. **BRIEF STATEMENT AS TO THE NATURE OF THE ACTION:** due process and equal protection violation

II. **RESIDENCE:**

Your address: K-25 Holman 3700

(Street)

Atmore

(City)

AL (State)

36503 (Zip Code)

III. **MARITAL STATUS:**

1. Single ✓ Married _____ Separated _____ Divorced _____
2. If married, spouse's full name: n/a

IV. **DEPENDENTS:**

1. Number: n/a
2. Relationship to dependent(s): n/o
3. How much money do you contribute toward your dependents' support on a monthly basis? \$ n/a

V. EMPLOYMENT:

1. Name of employer: _____
 a. Address of employer: _____
 (Street) *N/A*

 (City) *N/A* (State) *N/A* (Zip Code) *N/A*
 b. How long have you been employed by present employer?
 Years: *N/A* Months *N/A*
 c. Income: Monthly \$ _____ or Weekly \$ _____
 d. What is your job title? *N/A*
2. If unemployed, date of last employment: *1994*
 Amount of salary and wages received per month in last employment: \$ *N/A*
3. Is spouse employed? *N/A* If so, name of employer: *N/A*
 a. Income: Monthly \$ _____ or Weekly \$ _____
 b. What is spouse's job title? *N/A*
4. Are you and/or your spouse receiving welfare aid?
 If so, amount: Monthly \$ *N/A* or Weekly \$ *N/A*

VI. FINANCIAL STATUS:

1. Owner of real property (excluding ordinary household furnishings and clothing):
 a. Description: _____
 b. Full Address: _____
 c. In whose name: *N/A*
 d. Estimated value - - - - - \$ _____
 e. Total amount owed - - - - - \$ _____
 Owed to: *N/A* \$ *N/A*
 f. Annual income from property - - - - - \$ *N/A*

2. Other assets/property, such as automobiles, boats, motor homes, court judgments, etc. (If more than two, list information on back):

- | a. | <u>Asset (1)</u> | <u>Asset (2)</u> |
|---|------------------|------------------|
| Make & Model: | _____ | |
| In whose name registered? | _____ | |
| Present Value of Asset: | _____ | |
| Amount owed: | _____ | |
| Owed to: | _____ | |
| b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else - \$ | <i>N/A</i> | |
| c. List monies received by you during the last twelve (12) months, or held for you | \$ <i>0.00</i> | |

by banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:

Business, profession or other forms of self-employment -	\$ _____
Rent payments, interest or dividends - - - - -	\$ _____
Pensions, annuities or life insurance payments - - - - -	\$ _____
Gifts or inheritances - - - - -	\$ _____
Stocks, bonds or notes - - - - -	\$ _____
Tax refunds, Veteran benefits or social security benefits	\$ _____
Any other sources - - - - -	\$ _____

3. Obligations:

a. Monthly rental on house or apartment - - - - -	\$ _____
b. Monthly mortgage payments on house - - - - -	\$ _____

4. Other information pertinent to your financial debts and obligations:

(Creditor)	(Total debt)	(Monthly payment)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. If you have indicated that you have minimal or no assets or income, please explain how you provide for your basic living needs such as food, clothing and shelter. (e.g. food stamps, family assistance or charitable contributions.)

provided by the state

Other (Explain): _____

N/A

VII. ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements.

FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

6/16/22

DATE

Jr N. Farmer #Z-610

SIGNATURE OF PLAINTIFF/PETITIONER

K-25 Holman 3700

ADDRESS

Atmore, AL 36503

VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed *in forma pauperis* or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee \$350.00 if your IFP application is granted, or \$402.00 if your IFP application is denied for a civil action, \$5.00 for a habeas corpus petition, or \$505.00 for an appeal.

6/16/22
DATE

Joe N. James #2-610
SIGNATURE OF PLAINTIFF/PETITIONER

CERTIFICATE
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.17 on account to his/her credit at W.C. Holman (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 3.17. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0. (Please attach a certified copy of the applicant's account statement showing transactions for the past six months.)

6/14/22
DATE

Donna Gily
SIGNATURE OF AUTHORIZED OFFICER

Alabama Department of Corrections

ITF001

Average Inmate Deposit Balances for JAMES, JOE NATHAN JR AIS# 0000Z610

	Average Balance	Gross Deposits
05/31/2022	\$0.17	\$0.00
04/30/2022	\$0.89	\$0.00
03/31/2022	\$11.95	\$50.00
02/28/2022	\$6.83	\$22.00
01/31/2022	\$0.82	\$0.00
12/31/2021	\$10.38	\$42.00
11/30/2021	\$0.00	\$0.00
10/31/2021	\$17.82	\$0.00
09/30/2021	\$24.92	\$130.00
08/31/2021	\$17.74	\$75.00
07/31/2021	\$0.20	\$0.00
06/30/2021	\$0.20	\$0.00
	\$7.66	\$319.00

I hereby certify the above is true and accurate.

6/14/2022

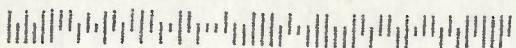
James Robinson
Internal Auditor

Joe N. James #

K-25

Holman 3700

Atmore, AL 36503



LES 1 Mai)

United States District Court
Southern District of Alabama
Clerk
155 St. Joseph Street
Mobile, Alabama 36602